

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

Edward A. Wells

Filed: May 14, 1999

For: PLUNGER LIFT WITH MULTIPART PISTON

Certificate of Express Mail

Assistant Commissioner for Patents
Washington, D. C. 20231

Dear Sir:

I hereby certify that the above identified application is being deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to:

Box New Applications
Assistant Commissioner for Patents
Washington, D. C. 20231

on May 14, 1999. The name of the person making the deposit is G. Turner Moller.

The identifying number on the Express Mail Certificate is:
EE406786643US.

Respectfully submitted,



G. Turner Moller
Date: May 14, 1999
Registration No. 22,978

GTM:pot
361/883-7257

05/14/99
JC520 U.S. PTO

A
JC542 U.S. PTO
09/312737
05/14/99

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (f))		-20* =	10	x \$ 9 =	\$ 90
INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (f))		-3** =	3	x \$ 39 =	117
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))				+ \$ _____ =	
				BASIC FEE (37 C.F.R. § 1.16)	380--
				Total of above Calculations =	
Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).					
* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.				TOTAL =	587

6. Small entity status:

- a. ☒ A small entity statement is enclosed, if (b) and (c) do not apply.
 b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
 c. ☐ Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. _____:

- a. ☐ Fees required under 37 C.F.R. § 1.16.
 b. ☐ Fees required under 37 C.F.R. § 1.17.
 c. ☐ Fees required under 37 C.F.R. § 1.18.

8. ☐ A check in the amount of \$ 587 is enclosed.9. ☐ Other: _____**NOTE:**

The prior application's correspondence address will carry over to this CPA
 UNLESS a new correspondence address is provided below.

10. NEW CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Labelor ☐ New correspondence address below

(Insert Customer No. or Attach bar code label here)

Name

Address

City

State

Zip Code

Country

Telephone

Fax

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)

G. TURNER MOLLER

Signature

G. Turner Moller

Registration No. (Attorney/Agent)

63 229778

Date

5/14/99